

Name
in
Full

Infant ~~as~~ Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

White Hovev

To

Month

Day

Date
of death

1909 Oct 20

Bounds

County

MARYLAND

Sex

Male

Color or
Race

Age

White

Months

Days

Occupation

Years

4

White Hovev

Birth-
place

White Hovev

Where Residing if not
at place of death

White Hovev

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George W Bounds

Father's
Birthplace

Mother's
Maiden Name

Mary Bounds

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Greenfield
Locality

CAUSES OF DEATH

29

Primary

Boyle's Consumption
Prostration

How long

Six days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

How long

W. J. Cain
White Hovev

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

Martha J. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Year	Month	Day	County	MARYLAND	
Died at	1909	Oct	10	Years	Montha	Daya
Date of death	Age					
Sex	Females	Color or Race	60 -	Birth- place	Hagerstown	
Occupation	Housewife					
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Peter Ennis	William E Brown		Father's Birthplace	Hagerstown Co	
Mother's Maiden Name	Mary Lillis			Mother's Birthplace	" "	
Name of person giving Information	William W. Grotter			How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

27

How long

2 weeks

How long

9 months

Dr. W. Grotter
Sharpless
Md

Name
in
Full

Mary L. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Bivalve</u>		County <u>Wicomico</u>	MARYLAND	
Date of death <u>1909 Oct</u>	Month <u>Month</u>	Day <u>11</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>	Age <u>Age</u>	Days	
Occupation <u>Housekeeper</u>	Where Residing if not et place of death <u>Maryland Bivalve</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Levin B. Collins</u>	Father's Name <u>John W. Eofford</u>	Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Mary A. Robertson</u>	Mother's Birthplace		<u>Husband</u>	
Name of person giving Information <u>Levin B. Collins</u>	How related to deceased			

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

88 months

Immediate

Lame

How long

same

Are the name, age, sex, color, date
and place correctly given above?

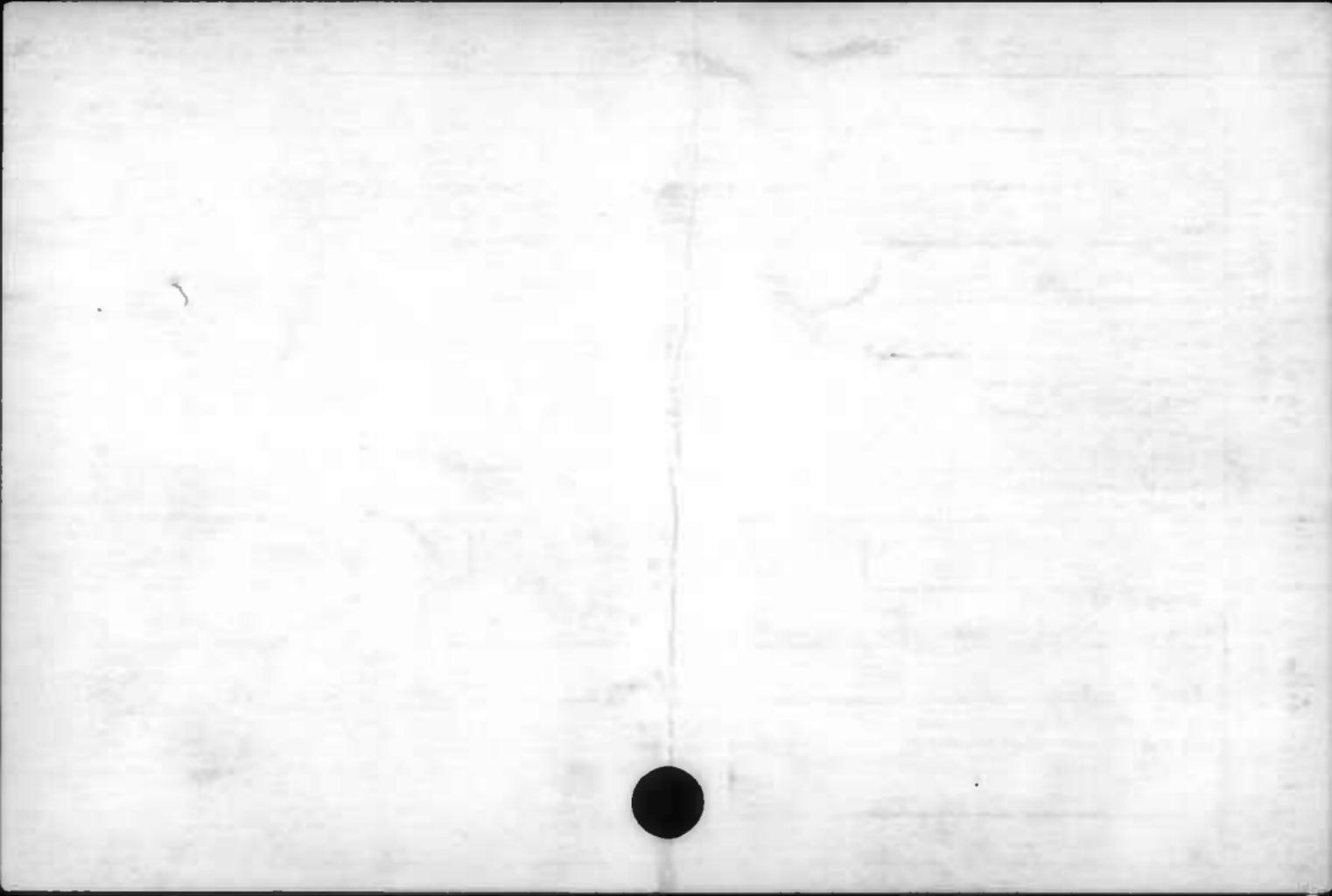
yes

Signature of
Physician

Address

G. W. Belton, Jr., M.D.
Bivalve
Md.

Accident or Suicide



Name
in
Full

Lorenzo Dow Dashill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} Salisbury County

MARYLAND

Date of death 1909 Month Oct Day 18th Age 62 Years

Months 3 Days 0

Sex Male Color or Race

Birth-place Maryland

Occupation

Farming

Where Residing if not
at place of death

Married, Single
~~or Widowed~~

Name of Wife or Husband

Mary Dashill

Father's Name

Not Known

Father's Birthplace

not Known

Mother's Maiden Name

Not Known

Mother's Birthplace

"

Name of person giving
Information

Emma Fletcher

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

1 year

Immediate

Toxemia

Are the name, age, sex, color, date
and place correctly given above?

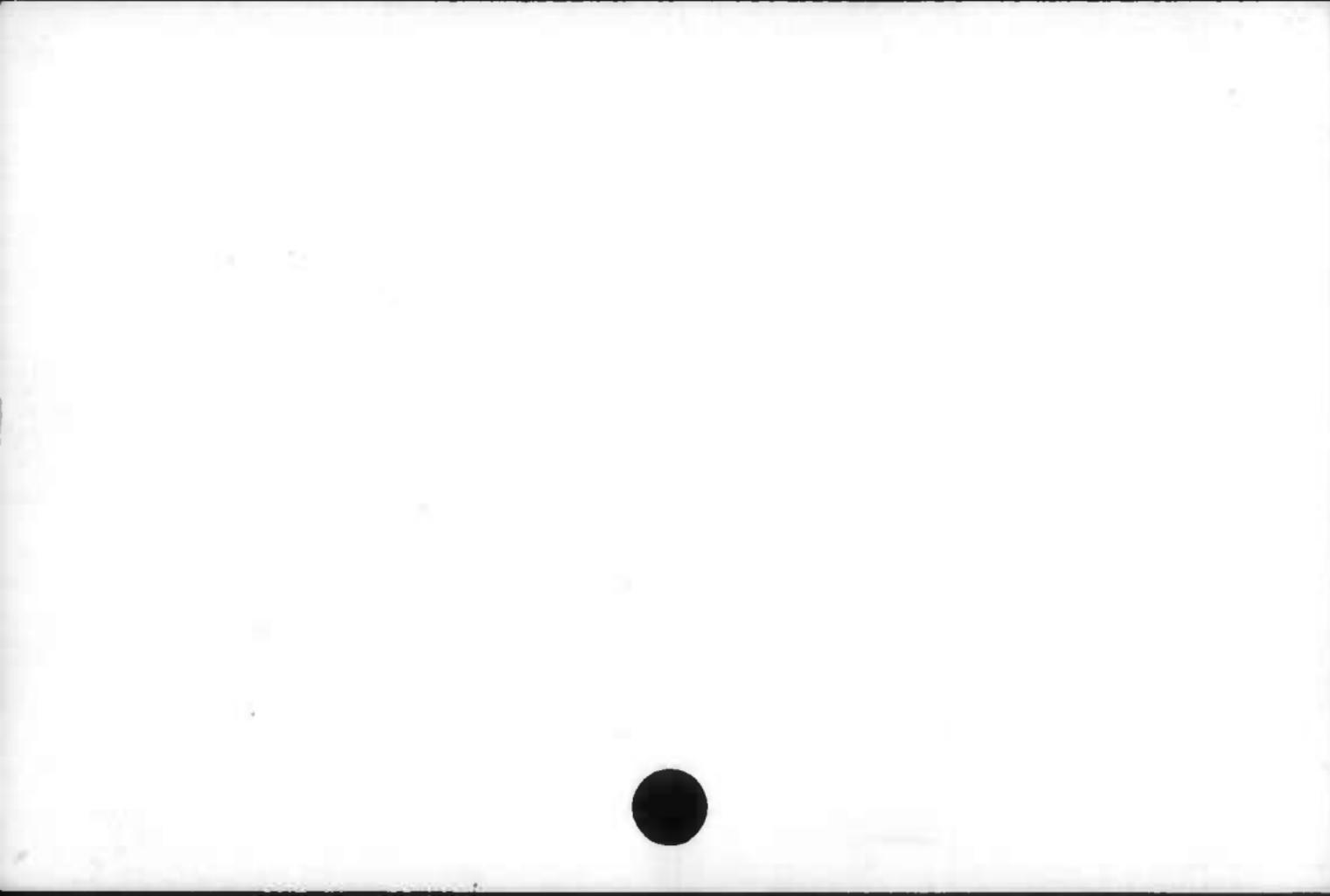
Signature of
Physician

Address

503 Potter
Salisbury
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Brinkley A Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Salisbury		Town County		MARYLAND		
Date of death 1909	Month Oct	Day 31	Years Age 80	Months 11	Days 23	
Sex male	Color or Race	Whit		Birth- place	Md	
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Sarah A Hearn			
Father's Name	Joseph Hearn		Father's Birthplace	Md		
Mother's Maiden Name	Sally Nelson		Mother's Birthplace	Md		
Name of person giving Information	Thomas A Hearn		How related to deceased	Grand son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis
La Jolla

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

27

How long

Don't know

How long

Two days

Geo. H. Todd
Salisbury Md



Name
in
Full

Rev. Charles E. Hemsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Nanticoke Town Wicomico County
Date of death 1909 Oct 3rd Month Day Year
Age 48 Months 4 Days 14
Sex Male Color or Race Colored Birth-place Centreville, Md.
Occupation Preacher Where Residing if not at place of death Nanticoke, Md.
Married, Single or Widowed Married Name of Wife or Husband Mary E. Hemsley
Father's Name Isaac Hemsley Father's Birthplace Md.
Mother's Maiden Name Violet Wilson Mother's Birthplace Md.
Name of person giving Information Rev. Mr. T. Hemsley How related to deceased Brother.

CAUSES OF DEATH

Primary

None apparent

64

How long

Immediate

Cerebral Hemorrhage

4 hours

Are the name, age, sex, color, date and place correctly given above?

yes

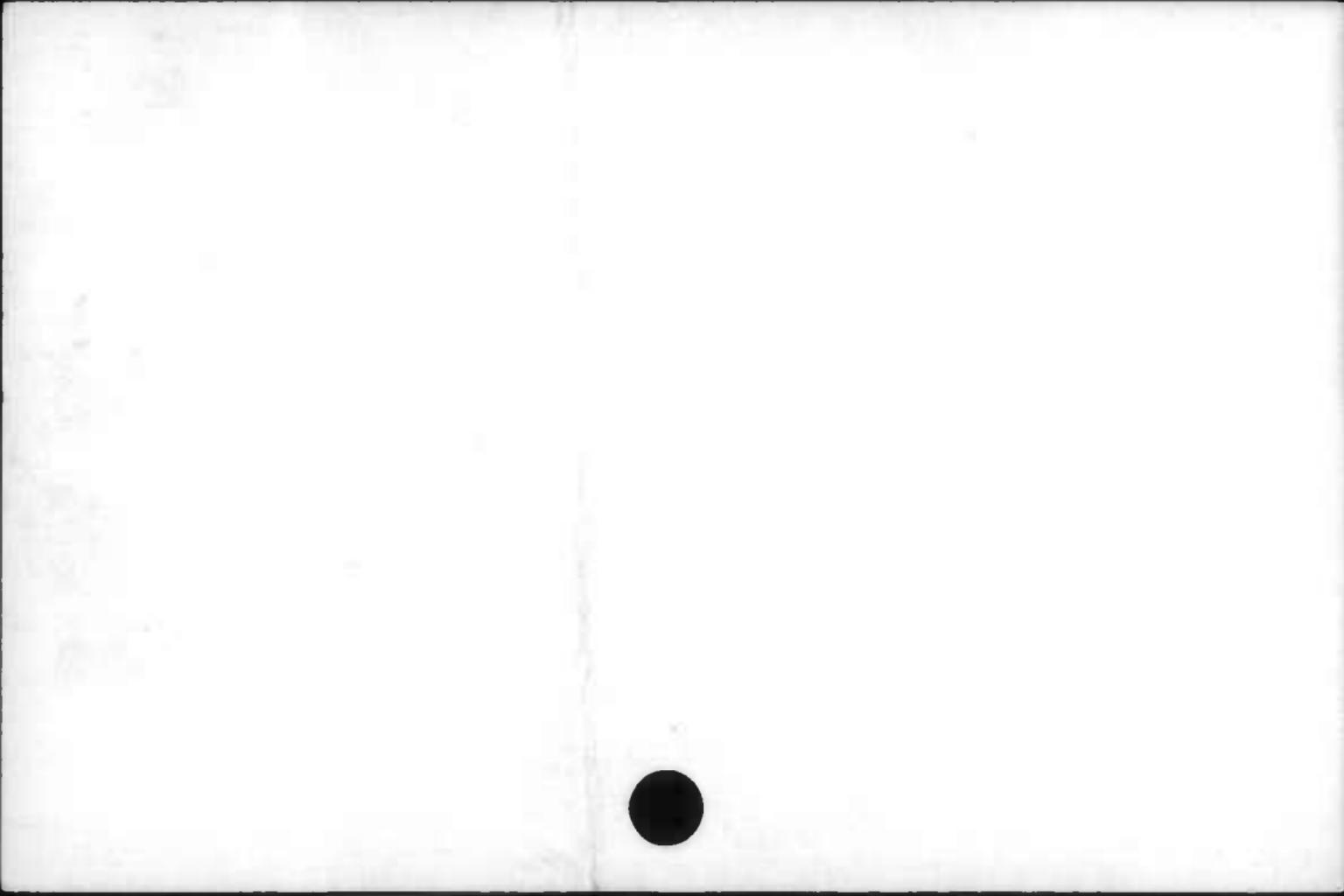
Signature of Physician

Address

Edward E. Lanier
Nanticoke, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Jolman

Town

County

MARYLAND

Died at

Salisbury

Minis

Date
of death

Month

Day

Years

Months

Days

1909

Oct.

29

70 (1)

—

—

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Ne

Occupation

Fanner

Where Residing if not
at place of death

Married, Single
or Widowed

Don't know

Name of Wife or
Husband

Don't know

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

P. G. Hospital

How related
to deceased

none

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Gramine

Are the name, age, sex, color, date
and place correctly given above?

So far
as obtainable

Signature of
Physician

Address

93

✓

How long

6 weeks

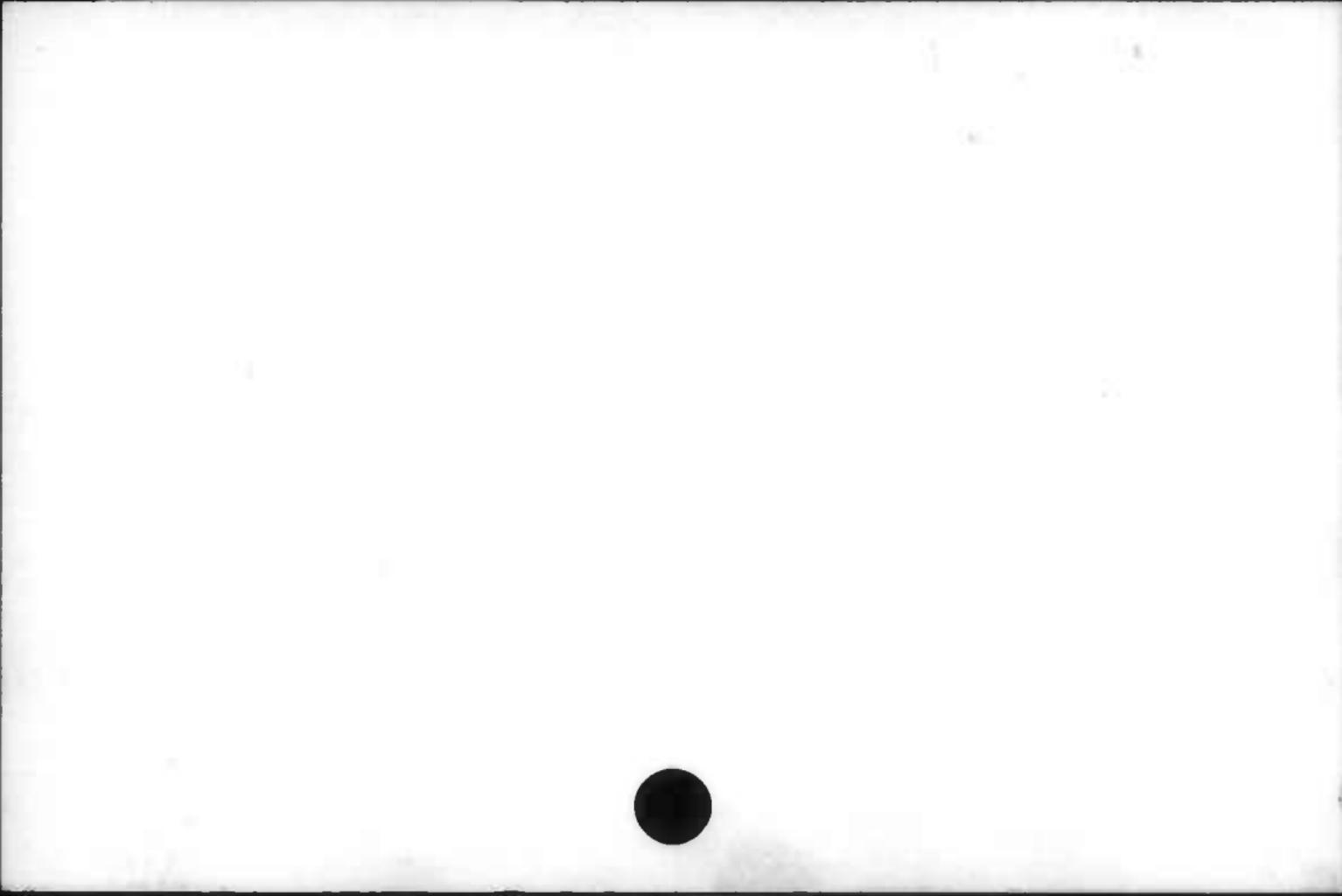
How long

1 week

Accident or Suicide

No





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Gertrude Lenord

CERTIFICATE OF DEATH

Died at **Salisbury**

Town

County

MARYLAND

Date of death **1909 Oct. 31**

Month

Day

Year

Age **38**

Months

Days

Sex **Female**

Color or
Race

Colored

Birth-
place

Wicomico Co.

Occupation

Housewife

Where Residing if not
at place of death

Rose St 609

Married, Single
or Widowed

Married

Name of Wife or
Husband

George George Lenord

Father's
Name

Persons

Father's
Birthplace

Wicomico Co.

Mother's
Maiden Name

Conrad

I'

Mother's
Birthplace

" "

Name of person giving
Information

George Lenord

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

4 months from history

Immediate

Uremia

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes so

Signature of
Physician

Address

**McDerm
Salisbury Md.**

far as obtainable

Accident or Suicide

No

Name
in
Full

Flora Lee Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Delmar			County	New Castle	
Died at	9	Month	6	Day	Age	22
Date of death 190	9	Oct	6	Years	Months	20
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	House wife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Barb L Mills			
Father's Name	Benjamin Fruitt			Father's Birthplace	Md	
Mother's Maiden Name	Ellen Palmer			Mother's Birthplace	Md	
Name of person giving Information	Barb Mills			How related to deceased	Daughter	

CAUSES OF DEATH

Typhoid Fever

①

How long

12 days

Primary

Pneumonia

How long

24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

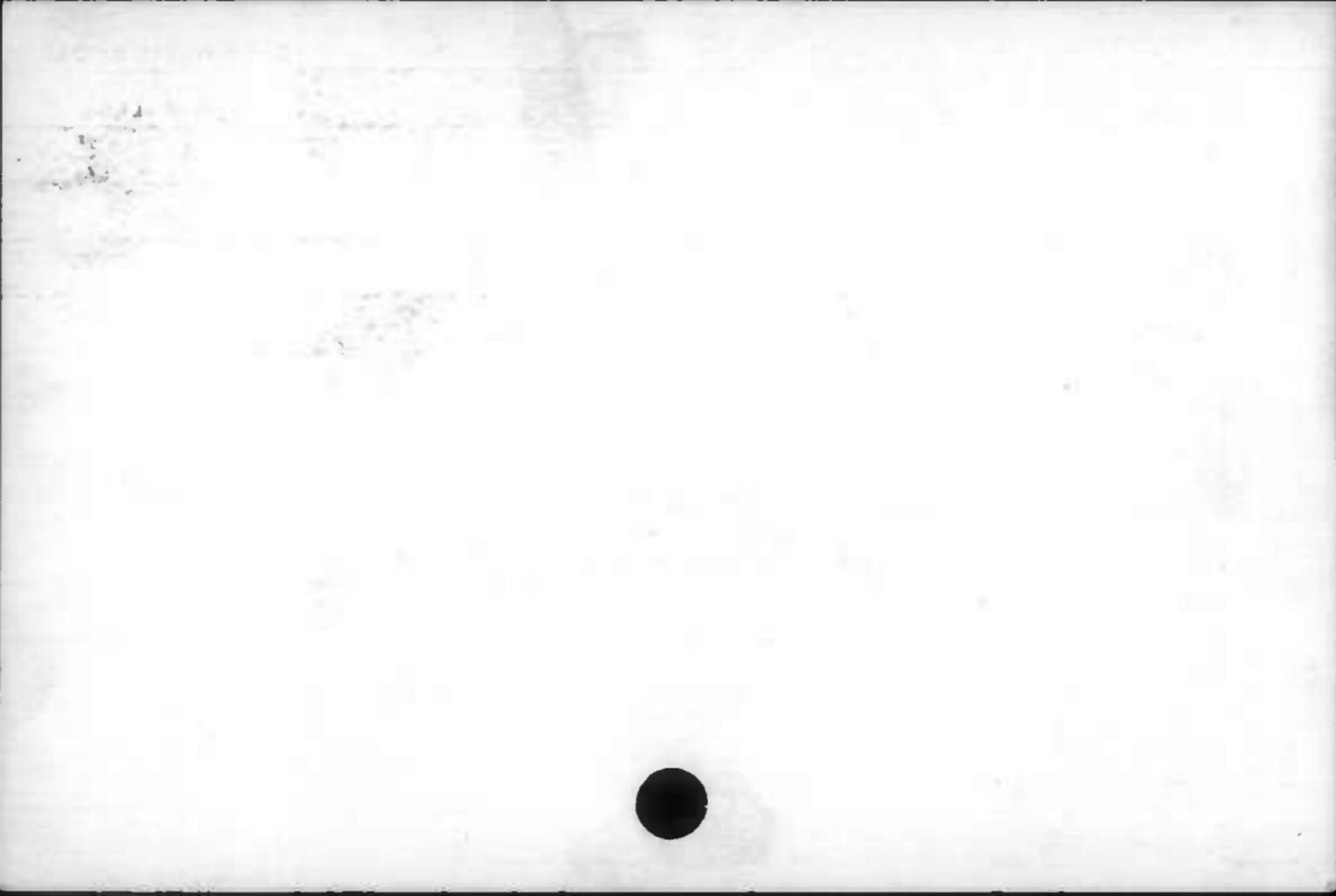
Address

James Brashaw

Delmar Delaware

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Helen Parker

Town
Salisbury

County
Wicomico

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Month

Day

Years

Date
of death 1909

Oct.

9th

Age 0

Months 1

Days 13

Sex Female

Color or
Race

White

Birth-
place

Salisbury

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Parker

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Elizabeth Parsons

Mother's
Birthplace

Name of person giving
Information

Charles Parker

How related
to deceased

"Father"

CAUSES OF DEATH

Primary

85

How long

three days

Immediate

Purpura (Haemorrhagica)

Are the name, age, sex, color, date
and place correctly given above?

Yes

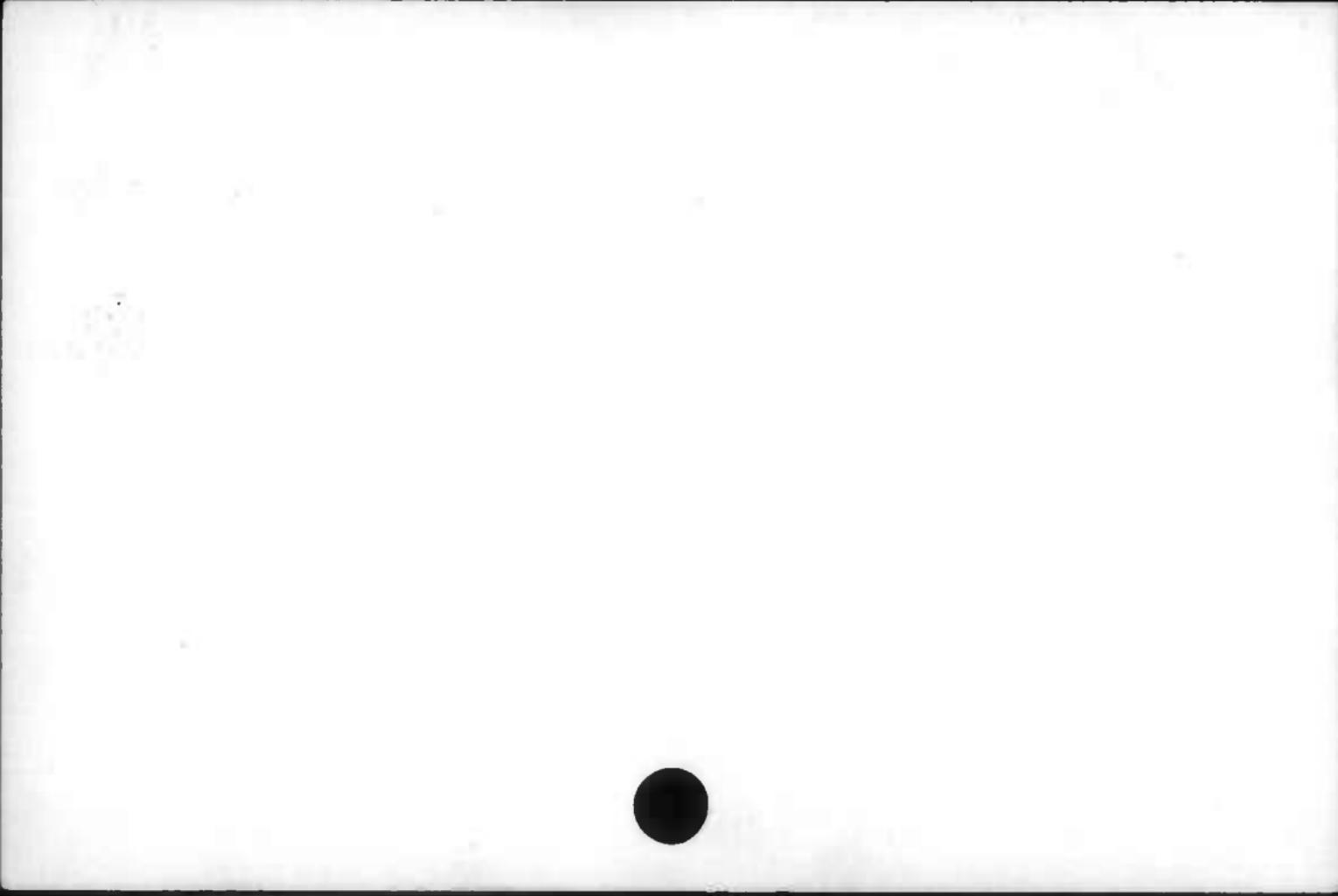
Signature of
Physician

Address

Nancy C. Reed
Salisbury Md

Accident or Suicide

X



Name
in
Full

Lizzie Burnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Salisbury P. G. Hospital Wicomico

MARYLAND

Date Month Day Years
of death 1909 Oct. 26th Age 65

Month Days

Sex Female Color or
Occupation Housewife Race

Birth-
place Berlin Md.

Married, Single
or Widowed Married Name of Wife or
Husband

Where Residing if not
et place of death

Near Berlin Md.

Father's
Name Peter Massey

Father's
Birthplace Berlin Md.

Mother's
Maidan Name Not Known

Mother's
Birthplace Berlin Md.

Name of person giving
Information Dr. Z. P. Henry

How related
to deceased
None

CAUSES OF DEATH

Primary

Damoid Cyst right ovary

How long

1 year

Immediate

Embolism

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

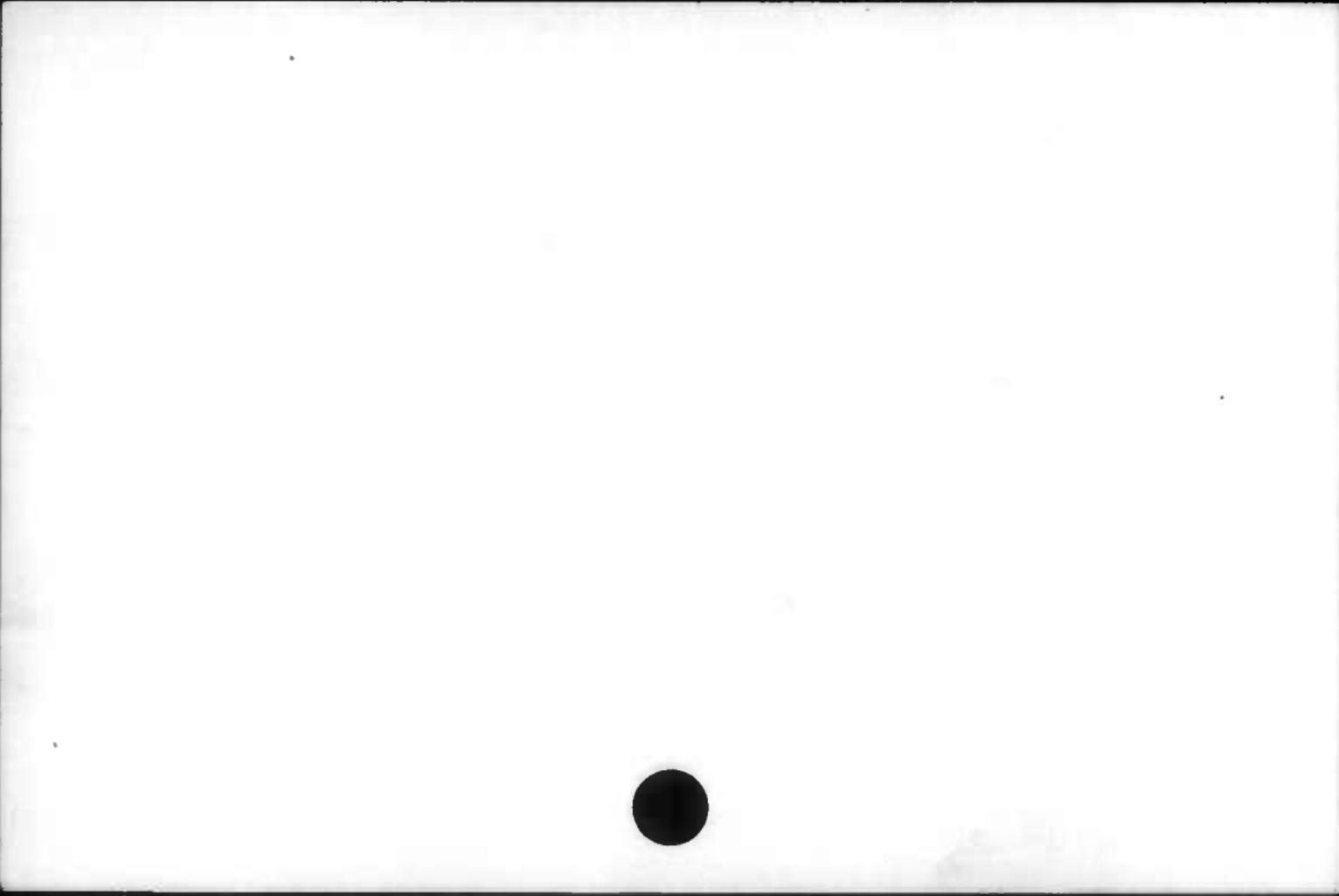
Address

Address

PHYSICIAN
OR CORONER

Accident or Suicide

26



Name
in
Full

Amey Revelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
Date of death 1909 Month Oct Day 9 Years 23 Month 8 Days 25
Sex male Color or Race white Birth-place Md
Occupation Labored Where Reiding if not at place of death

Married, single
~~or Widower~~

Name of Wife or Husband Ethel Revelle

Father's Name Robert E Revelle

Father's Birthplace Md

Mother's Maiden Name Annie E Cannon

Mother's Birthplace Md

Name of person giving Information Robert E Revelle

How related to deceased Father

Primary

CAUSES OF DEATH

Tubercular Pleurisy

27

How long

3 Mo

Immediate

Same

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

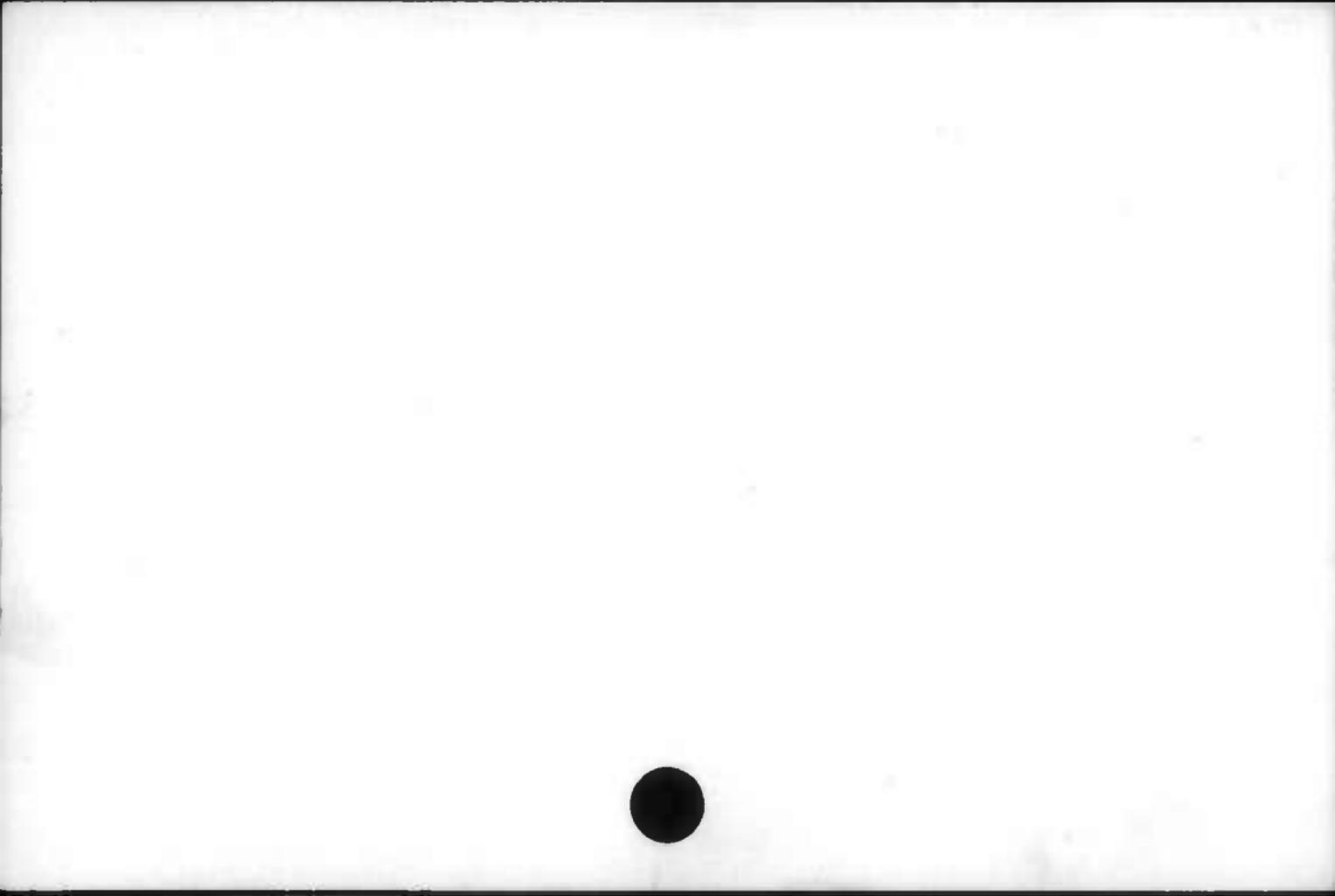
Signature of Physician

Address

Navy Tree
Salisbury Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town+ County
Died at *Salisbury, Md.* *Micromic*
Date Month Day Years Month Days
of death 190 *9 Oct 77* *74* *2* *3*
Sex Color or Birth-place
Occupation Race *Male* *White* *Somerset*
Merriad, Single Name of Wife or Father's
or Widowad Husband Name Birthplace
Father's Name *Henry Riggins* *Somerset*
Mother's Maiden Name *Belinda Stuart*
Name of person giving Information *Emma Riggins* *Mifey*

CAUSES OF DEATH

Primary

ulc ayo. prostate

Immidiate

Cystitis

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

so far
as I know

Accident or Suicide

125

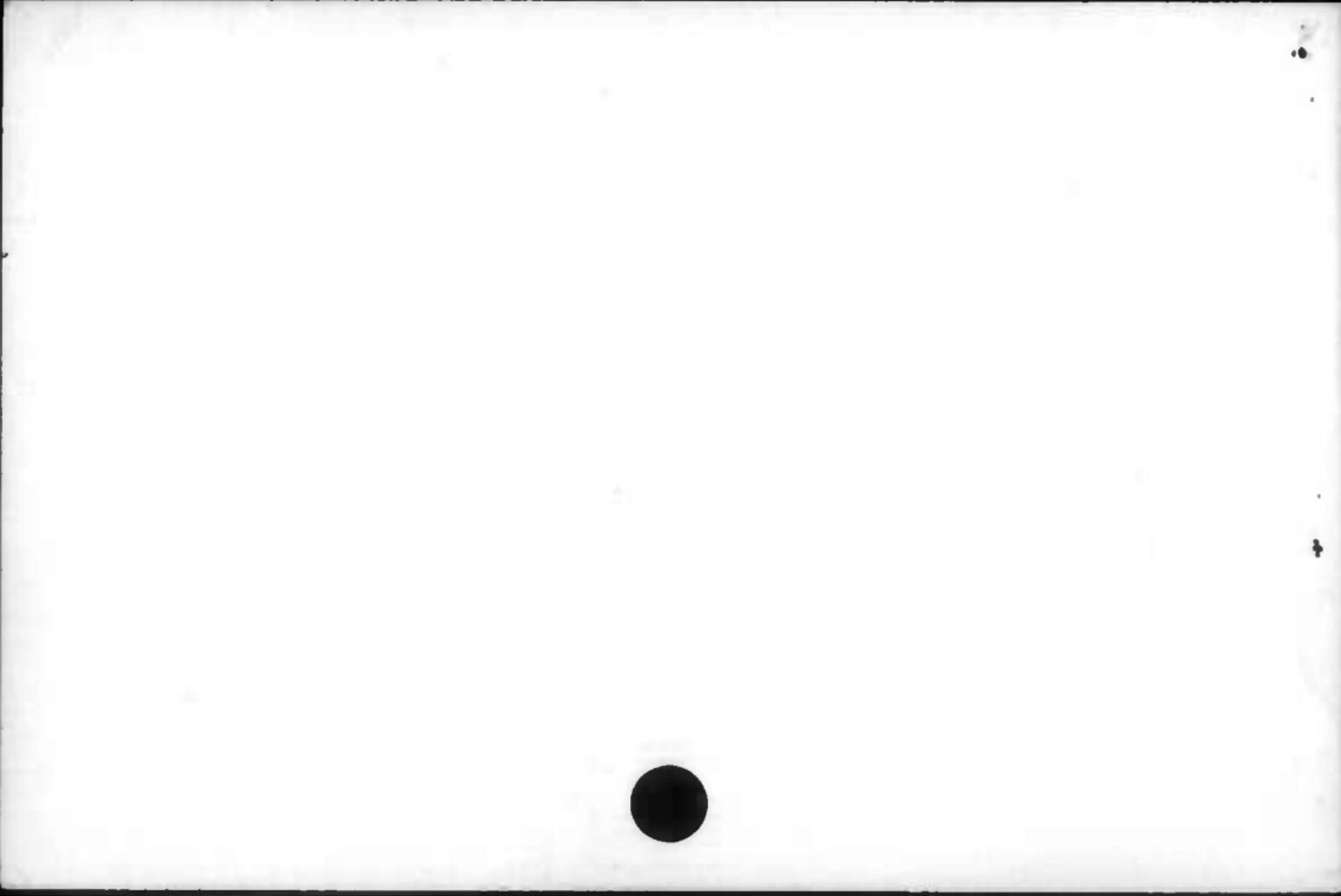
How long

about 3 years

How long

1 month

McDermick
Salisbury, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Riverston</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death	1909 Oct 9	Month	Day	Year	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Age	<u>7</u>	<u>17</u>
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John E. Robinson</u>					
Mother's Maiden Name	<u>Edith M. Walker</u>					
Name of person giving Information	<u>John E. Robinson</u>					
CAUSES OF DEATH						
Primary	179					
Immediate	How long					

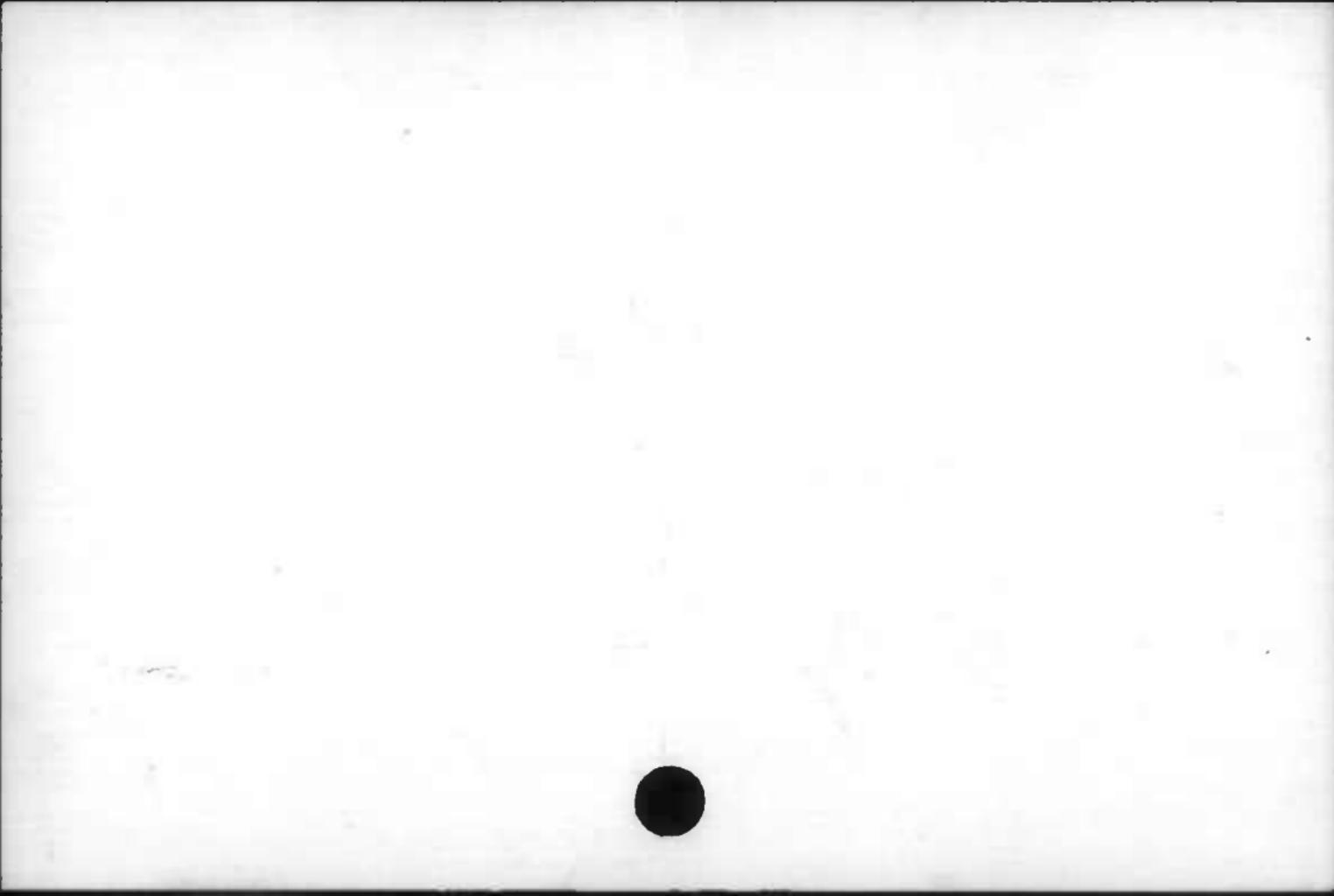
Are the name, age, aex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

No Doctor found dead
Walter C. Name



Name
in
Full

Bonita Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town **Salisbury** County **Maryland**
Died at **Salisbury** Month **9** Day **6th** Years **35** Months **11** Days **28**
Date of death **1909 Octd** Age **35**
Sex **Female** Color or Race **White** Birth-place **Salisbury Md**
Occupation
Where Residing if not at place of death
Married, Single **Single** Name of Wife or Husband
Father's Name **H. New Ruark** Father's Birthplace **Maryland**
Mother's Name **Georgia A. Lowe** Mother's Birthplace **Maryland**
Name of person giving Information **H. H. Ruark** How related to deceased **Brother**

PHYSICIAN
OR CORONER

Primary

Apopexy

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

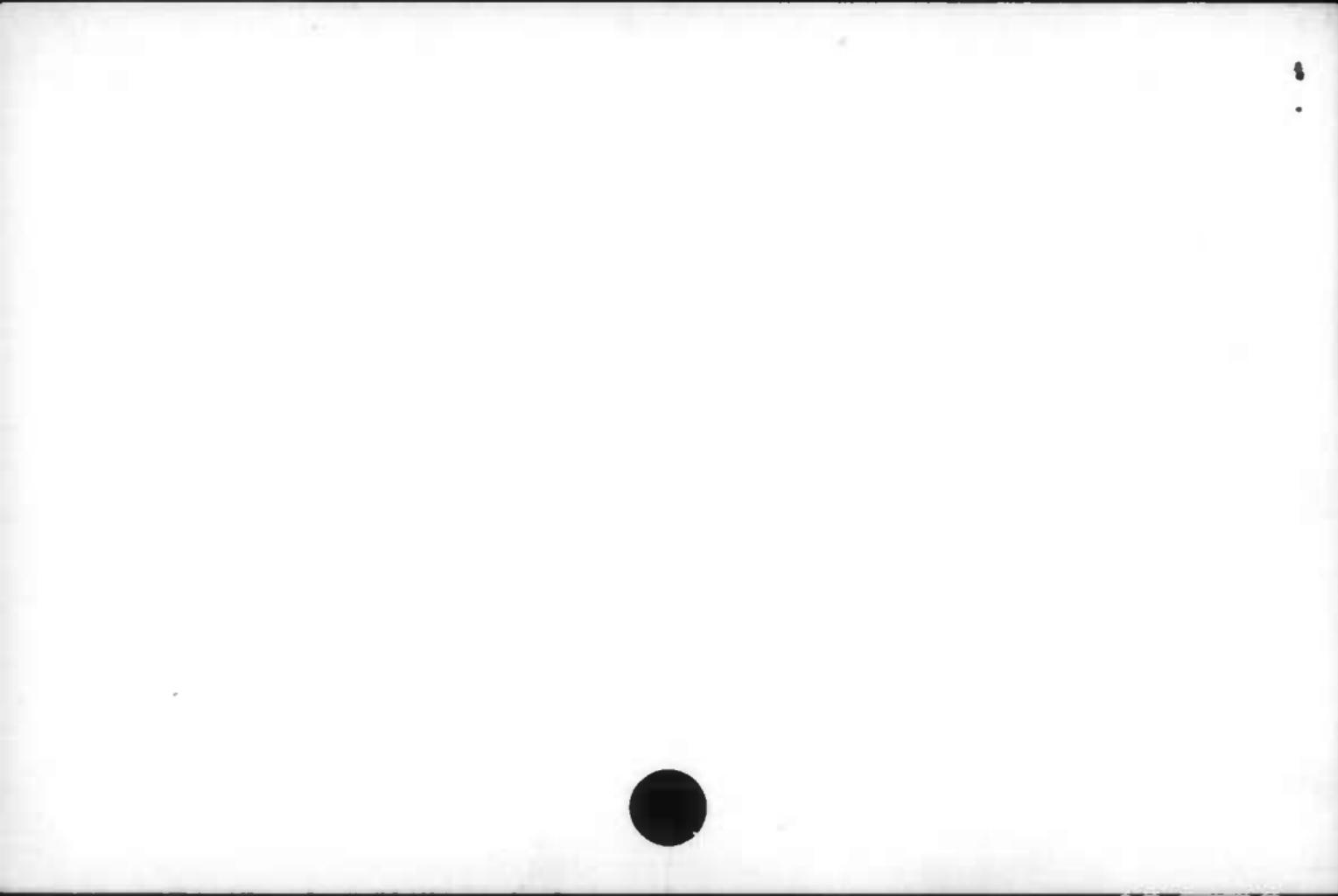
Signature of Physician

Address

Accident or Suicide

X

64
How long **2 hours**
How long **Same**
Harry C. Reed
Salisbury Md



Name
in
Full

Sealman Infant Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Athal	Town	County Baconico	MARYLAND	
Date of death 1909	Month 10	Day 16	Age	Months
Sex Female	Color or Race White	Birth- place	Days 30	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name John Sealman	Father's Birthplace Athal			
Mother's Maiden Name Drilla Jackson	Mother's Birthplace Athel			
Name of person giving Information John Sealman	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

189

How long

31 days

Immediate

Heart failure

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

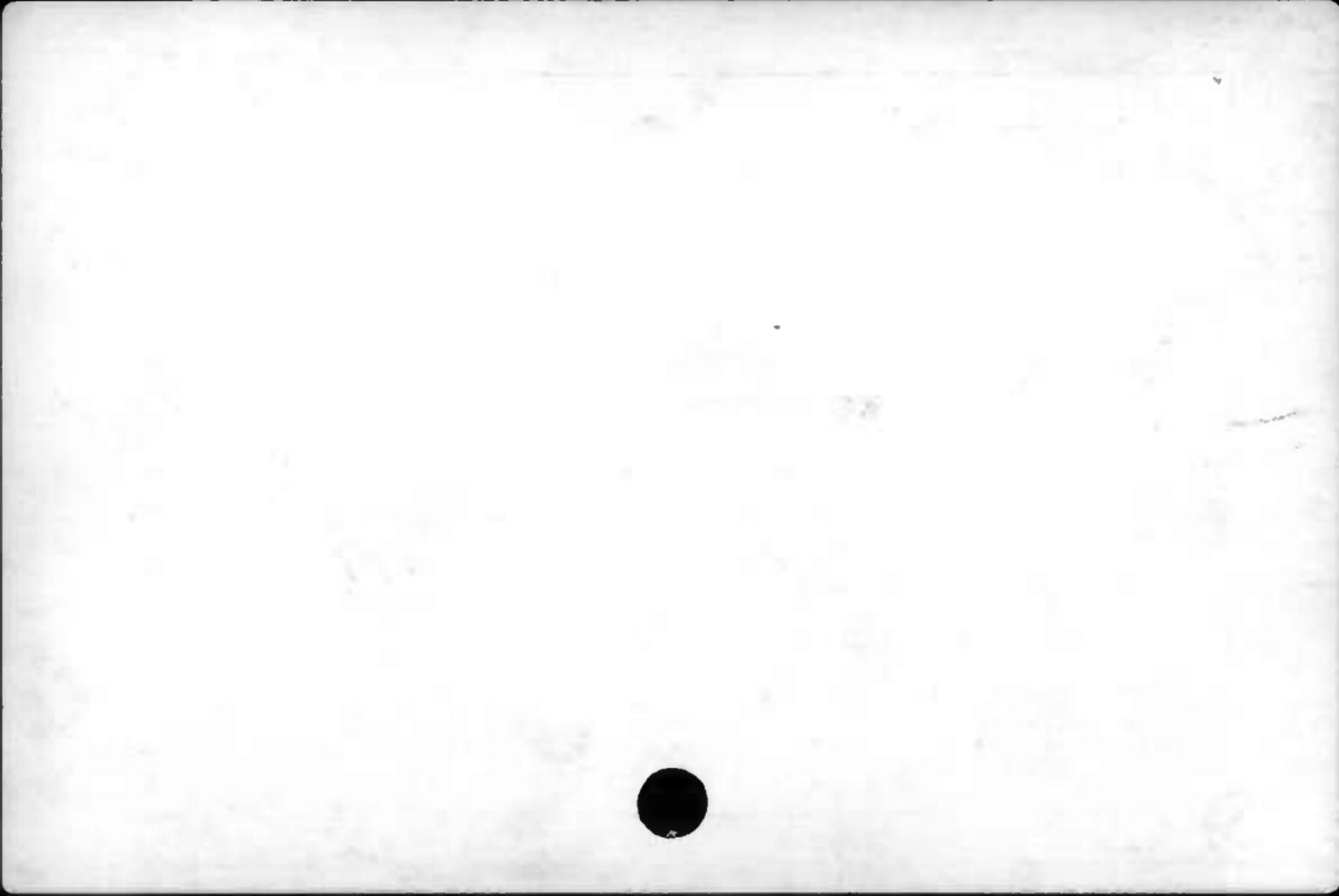
Signature of
Physician

Address

J. L. English, coroner
Marshall & Sons, Med.

Accident or Suicide

8000000



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George L Smith

Town

Died at

Salisbury

County

Wicomico

CERTIFICATE OF DEATH

MARYLAND

Month

Date
of death

1909 Oct

Day

9

Years

64

Months

Days

Age

Sex

Color or
Race

male

white

Birth-
place

Md

Occupation

Merchant

Where Residing if not
at place of death

Salisbury Md.

Married, Single
or Widowed

Name of Wife or
Husband

Amie Smith

Father's
Name

Littleton Smith

Father's
Birthplace

Md

Mother's
Maiden Name

Amie Crough

Mother's
Birthplace

Md

Name of person giving
Information

George L Smith

How related
to deceased

Son

CAUSES OF DEATH

Primary

Acute Indigestion

104

How long

my time

Immediate

Art Kure

How long

Art Kure

Are the name, age, sex, color, date
and place correctly given above?

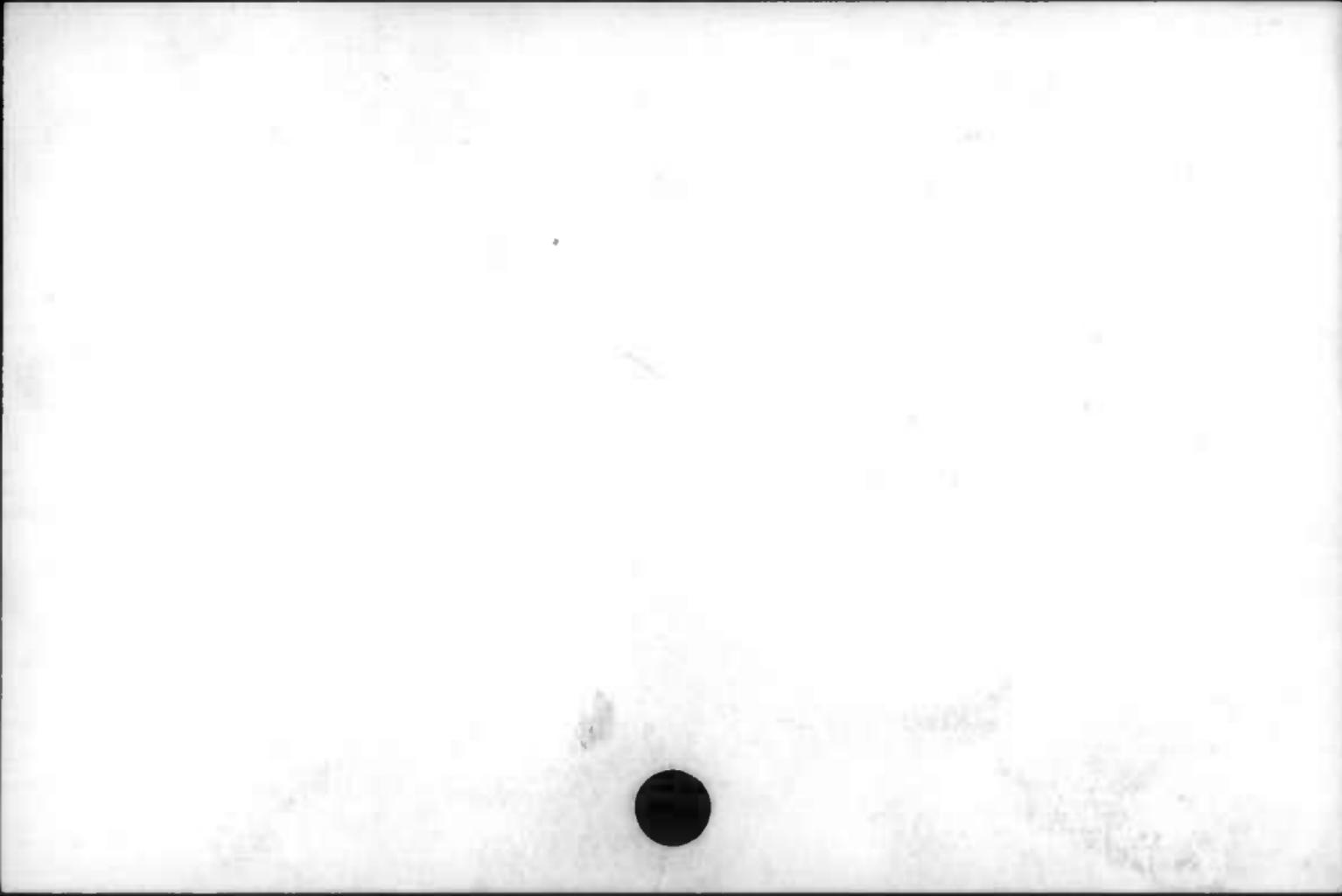
yes

Signature of
Physician

Address

Louis Williams Md
Salisbury Md.

Accident or Suicide



Name
in
Full

Maggie M. Tiggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
Date of death 190 Month Oct Day 25 Age Years
Sex Female Color or Race white
Occupation Where Residing if not
at place of death
Birth-place Md

MARYLAND

Months 1

Days 28

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Maudy Tiggs

Father's
Birthplace

Md

Mother's
Maiden Name

Lena M. Magee

Mother's
Birthplace

Md

Name of person giving
Information

Maudy Tiggs

How related
to deceased

Father

Primary

Enter Colitis

CAUSES OF DEATH

105

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Gov. H. Todd

Salisbury
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

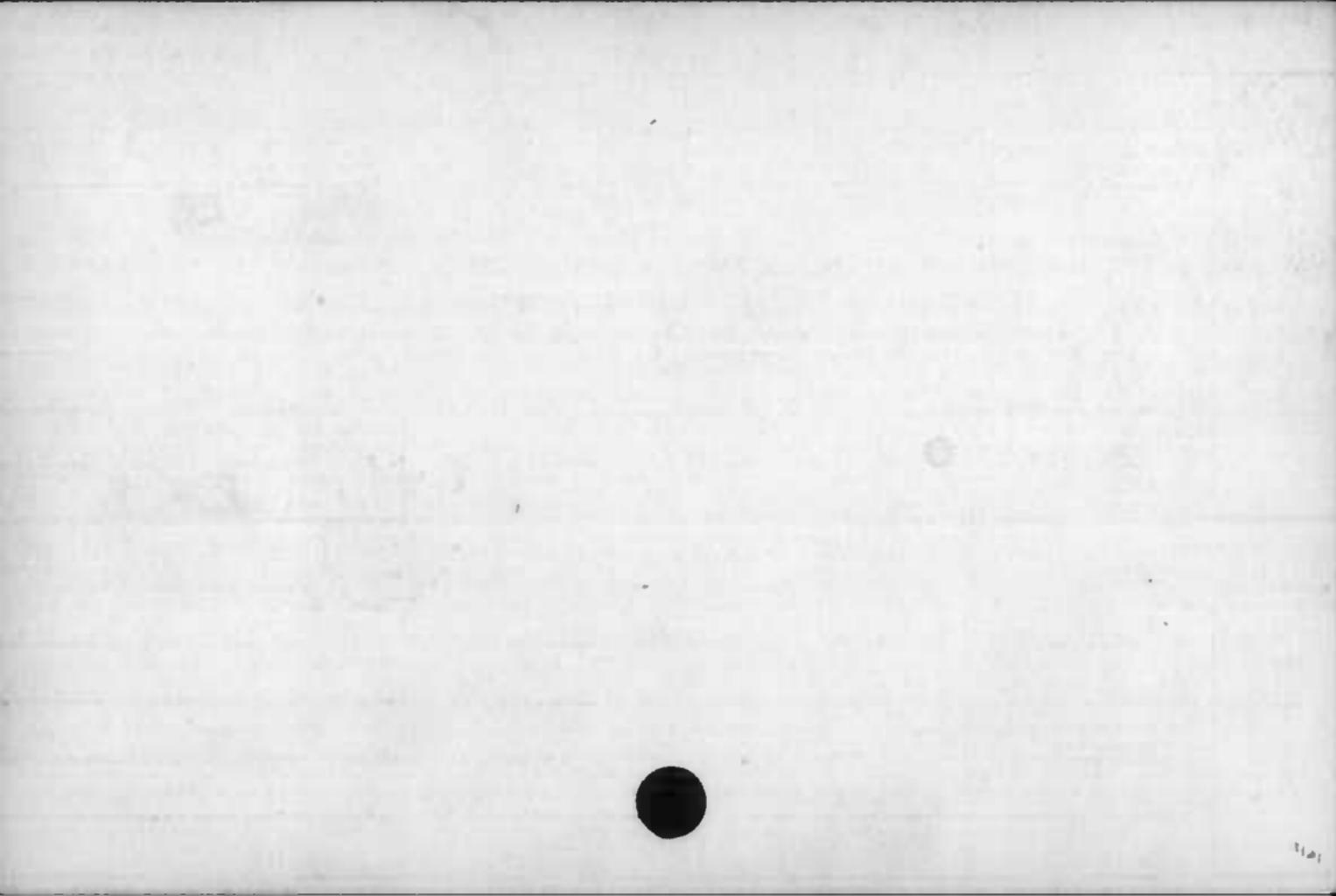


Georgia Maria Turpin

CERTIFICATE OF DEATH

Died at Delmar		Town	County Wicomico County		MARYLAND	
Date of death 1909	Month 10	Day 6	Age 0 Years	8 Months	12 Days	
Female	Color or Race White	Birth-place Bladensburg, Md				
Occupation Infant	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Irene Turpin	Father's Birthplace Greenwood, Md				
Father's Name George Henry Turpin	Mother's Birthplace Bladensburg, Md					
Mother's Maiden Name Margaret Irene Summers	How related to deceased Daughter					
Name of person giving information George H. Turpin						
CAUSES OF DEATH						
Primary Marasmus	How long 3 months					
Immediate Marasmus	How long 3 months					
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	Robert Ellegood Delmar, Del				
	Address					

Accident or Suicide?



Name
in
Full

George E. Walston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Year
Died

own

11th Perron

County

Month
Oct.

Day
20th

Years
Age

33

Months
2

Days
8

Date
of death 1909

Sex
Occupation

Color or
Race

Male
White

Birth-
place

Wicomico Co., Md.

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Martha J. Walston

Father's
Birthplace

Father's
Name

Ebenezer D. Walston

" " "

Mother's
Maiden Name

Sarah E. Parker

Mother's
Birthplace

Name of person giving
Information

Ebenezer D. Walston

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever
Collapse

1

How long

I work
few hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Gov. H. Todd
Salisbury Md.
(over)

PHYSICIAN
OR CORONER

Accident or Suicide

This was patient of
Dr. G. W. Smith of Parsonsburg
& I was called in consulta-
tion

Geo. W. Todd

Name
in
Full

Lucy M Willing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Monthe

Deyas

1909 Oct 16

Age

18

4

12

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

School girl

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Calyston W Willing

Father's
Birthplace

Md

Mother's
Maiden Name

Mary A Morris

Mother's
Birthplace

Md

Name of person giving
Information

Mary A Willing

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Does not know

Immediate

Exhaluzation

How long

few days

Are the name, age, sex, color, data
and placca correctly given above?

Signature of
Physician

Address

Dr. M. C. Ward

Salisbury, Md

as I know

I saw the cause for first time yesterday
since I have not reported it

Accident or Suicide

No.

